

Badgley, Ashley HB699.pdf

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Position: FAV

Written Testimony Regarding HB0699 - Office of the Chief Medical Examiner - Grief Counseling Services

By: Ashley Badgley, Suicide Prevention and Postvention Coordinator at Grassroots Crisis Intervention Services in Columbia, MD

I write in support of HB0699 which is summarized as, "Requiring the Office of the Chief Medical Examiner, in coordination with the Behavioral Health Administration, to establish a grief counseling services program; and authorizing the use of funds from the Opioid Restitution Fund to support the Office of the Chief Medical Examiner and Behavioral Health Administration in providing grief counseling services and resources on grief."

As a professional in the field of suicide prevention, intervention and postvention, I see the devastation from suicide on a daily basis. The families who have lost loved ones are forever changed, and their grief is palpable.

Especially for those who have lost a close family member, immediately after their loved one's suicide, they are often tasked with having to make arrangements such as funerals, memorials, etc. When experiencing the unique grief that comes with suicide loss, these tasks can seem especially insurmountable. Just having the space immediately or shortly after their loved one's death to talk about this pain through grief counseling could serve as a huge support.

Many professional support groups such as the one that I run in Howard County usually wait a few months after a death to admit new members. This is for the safety of the members already in the group and the new members. That raw grief can be too much for many people, however this delay leaves new survivors of suicide in limbo for a few months. That is a time when they need the most support.

The struggle to find a person to talk to and a place to go where grief is understood is hard. Grief counseling is unique in its technique and the immediate availability of grief counseling to loved ones after a death by suicide can and will save lives.

It is for these reasons and many more that I support HB0699 and call for the establishment of grief counseling services and using the funding sources as suggested in the bill.

Maryland has suffered too much death by suicide, and we must work to prevent it. When tragedy does strike, however, we must support the survivors to the best of our ability.

Thank you for your time and please vote in support of HB0699.

Sincerely,
Ashley Badgley, MA
Suicide Prevention and Postvention Coordinator
Grassroots Crisis Intervention Center

MPA Testimony 2022 - Support - HB0699 - Senate Hea

Uploaded by: Daniel Shattuck

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March 31, 2022

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Bill: HB0699 - Behavioral Health– Grief Counseling Services

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Position: Support

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Dear Chair Kelley and Members of the Committee

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The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, is writing to express **SUPPORT for HB0699 - Behavioral Health– Grief Counseling Services** – which would establish a Grief Counseling Program by the Chief Medical Examiner in Coordination with the Behavioral Health Administration.

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Experiencing any type of loss can be difficult, much less when that loss is due to a suicide or substance abuse. Providing support services to those experiencing these losses can have beneficial effects on one's mental and physical health, as well as helping to prevent the development of more significant disorders. MPA strongly supports providing counseling, resources and educational materials to individuals who have lost someone due to suicide or substance abuse.

Legislative

Pat Savage, PhD

For these reasons, MPA urges the committee to **favorably report on HB0699 - Behavioral Health – Grief Counseling Services**. If we can provide any additional information or be of any assistance, please do not hesitate to contact the MPA Executive Director, Stefanie Reeves, MA, CAE at 410-992-4258 or exec@marylandpsychology.org.

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Respectfully submitted,

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Sincerely,

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cc: Barbara Brocato & Dan Shattuck, MPA Government Affairs

HB0699 Office of the Medical Examiner Grief Course

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Position: FAV

House Bill 699 Office of the Chief Medical Examiner – Grief Counseling Services

Finance Committee

March 31, 2022

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates, and concerned citizens for unified action in all aspects of mental health, mental illness, and substance use. We appreciate this opportunity to present testimony in support of House Bill 699.

HB 699 requires the Office of the Chief Medical Examiner to work in coordination with the Behavioral Health Administration to establish a grief counseling services program for individuals who have experienced a loss to suicide or a substance use overdose.

The American Association of Suicidology reports for each death by suicide, 135 people are exposed, and 40-50% of the population are exposed to suicide in their lifetime.¹ In 2018, 650 Marylanders died by suicide resulting in potentially 87,750 individuals in Maryland being exposed to suicide in that year alone. Suicide bereavement can bring complex emotional reactions, post-traumatic stress, and feelings of guilt and anger. It can involve investigations into the private lives of those close to the individual. Loved ones may face financial concerns as they face unexpected funeral costs.² A wealth of studies have shown that suicide bereavement is a suicide risk factor for those exposed. A study from 2020 found the highest risk for suicide within bereaved groups was among those who were bereaved by suicide with additional contributions from depressive symptomatology, PTSD, and lower perceived social support, all of which can be aspects of the bereavement experience.³

The burden of locating grief services following a loss to suicide typically falls to the newly bereaved. Models of coordinated response from caregivers that involve proactive outreach have been piloted across the United States and worldwide. The National Action Alliance for Suicide Prevention reports professionals who are likely to have early contact with the bereaved individual, including medical examiners, can have a significant impact. Providing training and support in responding to suicide loss survivors for medical examiners is featured in Objective 4.2 of the Survivors of Suicide Loss Task Force's April 2015 report.⁴

Providing immediate community-based resources for individuals who have recently experienced a loss to suicide or substance use overdose is a crucial support to prevent future suicides and help individuals grieve. For this reason, MHAMD supports HB 699 and urges a favorable report.

¹American Association of Suicidology, <https://suicidology.org/facts-and-statistics/>

²Survivors of Bereavement by Suicide, <https://uksobs.org/for-professionals/how-suicide-bereavement-is-different/>

³Pitman, A., Osborn, D., Rantell, K., & King, M., (2020). <https://bmjopen.bmj.com/content/6/1/e009948>

⁴Suicide Prevention Resource Center, <https://sprc.org/sites/default/files/migrate/library/RespondingAfterSuicideNationalGuidelines.pdf>

HB699_SponsorTestimony_FAV

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Position: FAV



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

HB 699 GRIEF SUPPORT – GRIEF COUNSELING SERVICES WORKGROUP

GOOD AFTERNOON MADAM CHAIR, MR. VICE CHAIR, AND ESTEEMED FINANCE COMMITTEE MEMBERS. I AM HERE TO ASK YOUR FAVORABLE CONSIDERATION OF HB 699, A MUCH NEEDED INITIATIVE TO PROVIDE GRIEF SUPPORT SERVICES FOR THOSE WHO HAVE LOST A LOVED ONE TO SUICIDE OR A FATAL OVERDOSE. BEREAVEMENT EXPERTS REFER TO THIS AS TRAUMATIC LOSS.

THE BILL DOES TWO THINGS:

FIRST, IT ADDS TO THE LIST OF ALLOWABLE EXPENDITURES UNDER THE OPIOID RESTITUTION FUND BY AUTHORIZING SUPPORT THROUGH THE OFFICE OF THE CHIEF MEDICAL EXAMINER AND THE BEHAVIORAL HEALTH ADMINISTRATION TO INCLUDE GRIEF COUNSELING SERVICES AND RESOURCES ON GRIEF.

THIS IDEA WAS BROUGHT TO ME BY JOHNS HOPKINS RESEARCHERS WHOSE LIFE'S WORK IS TO BETTER UNDERSTAND AND THEREBY PREVENT DEATH BY SUICIDE AND OVERDOSE, WHICH THEY MORE BROADLY REFER TO AS SELF-HARM.

THE SECOND THING THE BILL DOES IS CREATE A WORK GROUP THAT WILL BE COORDINATED BY THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH IN CONSULTATION WITH BHA AND THE MD PSYCHOLOGICAL ASSOCIATION.

THE WORK GROUP WILL MAKE RECOMMENDATIONS TO THE GENERAL ASSEMBLY FOR MODEL PROGRAMS FOR SURVIVORS OF TRAUMATIC GRIEF AND WILL CONSIDER THE FOLLOWING:

- USES OF THE OPIOID RESTITUTION FUND TO IMPROVE THE REACH AND QUALITY OF TRAUMATIC GRIEF CARE AND POST-INTERVENTION EFFORTS;
- OCME STAFFING LEVELS INCLUDING REQUIREMENTS FOR EXISTING STAFFING;
- PROGRAM EVALUATION DATA FROM MEDICAL-EXAMINER AFFILIATED GRIEF PROGRAMS ACROSS THE COUNTRY AND NATIONAL POST-INTERVENTION SERVICES; AND
- DATA FROM ANY NEEDS ASSESSMENTS IN THE STATE FOCUSED ON SURVIVORS OF TRAUMATIC GRIEF AND THEIR INTERACTIONS WITH OCME. THE GROUP WILL REPORT ITS FINDINGS BY NOV. 1, 2022

HOUSE AMENDMENTS: MARYLAND RESEARCHERS BELIEVE THAT GRIEF SUPPORT SERVICES ARE A NATURAL FIT WITHIN OCME SINCE THAT AGENCY IS DEALING WITH FAMILIES AND OTHER LOVED ONES IN THE AFTERMATH OF DEATH BY SELF-HARM. IMPORTANTLY, THE RESEARCHERS ALSO ADVOCATED FOR OCME EMPLOYEES TO BE ABLE TO ACCESS THIS MUCH-NEEDED SUPPORT BECAUSE THE WORK THEY DO IS SO INTENSE AND TAKES AN EMOTIONAL TOLL. NEW MEXICO HAS A MODEL GRIEF SUPPORT PROGRAM WITHIN ITS OFFICE OF CHIEF MEDICAL EXAMINER AS DOES THE CITY OF PHILADELPHIA.

THE BILL WAS AMENDED IN COMMITTEE TO ADD THE WORK GROUP IN RECOGNITION OF THE STAFFING AND OTHER CHALLENGES IN OCME. THE PROGRAM ADDRESSES A UNIQUE TYPE OF LOSS AND IS NEEDED BUT WE WANT TO GET IT RIGHT.

SUICIDE WHILE THE STATE OF MARYLAND HAS THE FOURTH LOWEST SUICIDE RATE IN THE COUNTRY, OUR SUICIDE RATE HAS INCREASED 19% FROM 9.1 TO 10.8 DEATHS PER 100,000 POPULATION BETWEEN 2015 AND 2019. IN 2018, SUICIDE WAS THE 11TH LEADING CAUSE OF DEATH IN MARYLAND AND THE SECOND-LEADING CAUSE OF DEATH AMONG 10- TO 24-YEAR-OLDS IN THE UNITED STATES.

COUNTLESS MARYLAND FAMILIES HAVE EXPERIENCED THE DEVASTATING LOSS OF A LOVED ONE BY SELF HARM. EVEN THOSE WITH STRONG SUPPORT SYSTEMS MAY HAVE NO ONE EQUIPPED TO HELP THEM AND MAY NOT KNOW WHERE TO TURN. THAT IS WHERE GRIEF SUPPORT SERVICES COME IN.

I URGE THE COMMITTEE TO GIVE HB 699 A FAVORABLE REPORT.

nestadt testimony HB699 Grief Center WORKGROUP 202

Uploaded by: Paul Nestadt

Position: FAV

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To the Del. Kelley and the Finance Committee,

My name is Paul Nestadt, and I am a psychiatrist and suicide researcher at Johns Hopkins. My views are my own, not representing Hopkins. I serve on the Baltimore City Council President's Suicide Prevention Workgroup and I consult for the opioid fatality review committee and the Governor's commission on suicide prevention. I am here as a representative of the Maryland Psychiatric Society, where I serve on the Council and on the legislative committee. I am writing in **support** of HB699, proposing the use of Opioid Restitution Funds to support a workgroup to develop relevant bereavement services.

Each year we lose about 3,000 Marylanders to overdose and a further 600 to suicide. Each of these deaths is a tragedy, rippling through families and communities in our state. We cannot be sure how many others are impacted by each loss. Survey studies of traumatic bereavement have estimated that for each of these deaths 6 people are deeply personally impacted and a further 25 are aggrieved, with up to 155 impacted to various other degrees. (Cerel et al., 2019)

One study showed that more than 14% of people who died by overdose in a hard-hit county were listed as parents on the birth certificates (Hulseley et al 2020, WISQARS). On average, decedents had more than one child and most of the children were less than 9 years old at the time of their parents' death. As many as 1 in 4 of these children needed mental health treatment within five years of their parents' death and access to care was affected by insurance status.

Numbers can be abstract, so instead I suggest that you attempt a thought experiment. If you yourself were to suddenly die by overdose or suicide (unfortunately not so very unlikely, as these are the first and second leading causes of death for Americans under 40), who would you leave behind? Spouses, children, parents, loved ones, friends, colleagues? And that grief is a special kind of mourning. One attached to a stigma, attached to feelings of guilt, what could I have done, what did I miss? These are usually young people, so deaths are unexpected, affairs are not in order, and those left behind are left reeling emotionally, spiritually, and financially.

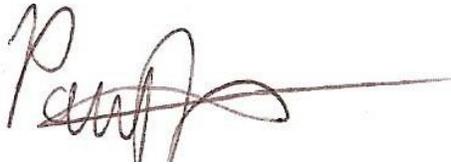
Traumatic bereavement increases risk for adverse outcomes including: Prolonged Grief Disorder (severe grief that lasts more than one year), PTSD and other anxiety disorders, depression and other mood disorders, and substance misuse. Traumatic bereavement is also associated with financial problems, difficulties functioning at work, problems engaging with social support.

The opioid epidemic has destroyed communities, and this restitution fund was established to mitigate that impact. It helps to fund treatment services, crisis response, prescription reduction, and research. However, for many Marylanders this comes too late. Our morgues are overflowing, with hundreds of bodies literally being stored in overflow at a downtown parking lot (As reported last week in the Baltimore Banner (<https://www.thebaltimorebanner.com/families-distraught-baltimore-parking-garage-turned-morgue-as-200-bodies-await-autopsy>)). Most of these bodies are

either accidental or intentional overdose decedents. Each of those bodies represents a shattered family, torn community, our struggling state.

In the course of my work trying to better understand suicide and opioid overdose, I have worked with the last three chief medical examiners. Given the opportunity to talk to me as a mental health professional, these chiefs have lamented the fact that when next of kin come to identify the bodies in their care, medical examiners have nothing to offer these bereaved. Other cities, like our neighboring Philadelphia, have recognized this gap and have funded grief services through their medical examiners' offices with great success. This proposal would help us to determine the best ways in which the state can help support healing for those in mourning. It would distinguish the best ways to provide resources and referrals to counseling, and bolster existing grief counseling services. We owe this to the people of Maryland, especially the most vulnerable, now in their time of greatest need. I urge you to vote in favor of HB 699.

Thank you,

A handwritten signature in dark ink, appearing to read "Paul Nestadt", with a long horizontal flourish extending to the right.

Paul Nestadt, M.D.

HB 699 - Support - MPS WPS (Senate Testimony).pdf

Uploaded by: Thomas Tompsett

Position: FAV



March 30, 2022

The Honorable Delores G. Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: Support – HB 699: Office of the Chief Medical Examiner - Grief Counseling Services

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS and WPS supports House Bill 699: Office of the Chief Medical Examiner - Grief Counseling Services (HB 699), though the societies prefer the bill as originally drafted. The Office of the Chief Medical Examiner (ME's Office) investigates sudden, violent, and unexpected deaths. Unfortunately, for many, the sudden loss of a loved one or friend can be traumatic and overwhelming, leaving those close to the deceased to suffer traumatic loss with little in terms of support and counseling.

HB 699 as originally drafted attempted to remedy that reality by providing access to State-funded support groups and resources at the time when grief may be first experienced. Such services, immediately available at the ME's Office, would have been a meaningful first step in guiding loved ones and friends of a deceased through the grieving and bereavement process. As the bill progressed, many of its more holistic and beneficial provisions were left behind. Nonetheless, HB 699 is still an incremental step towards helping those close to a deceased in coping with traumatic loss by making digital and print grief resources and educational materials available both on the ME's Office website and at the office itself.

Therefore, MPS and WPS ask the committee for a favorable report on HB 699. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee